

## PROJECT 10073 RECORD

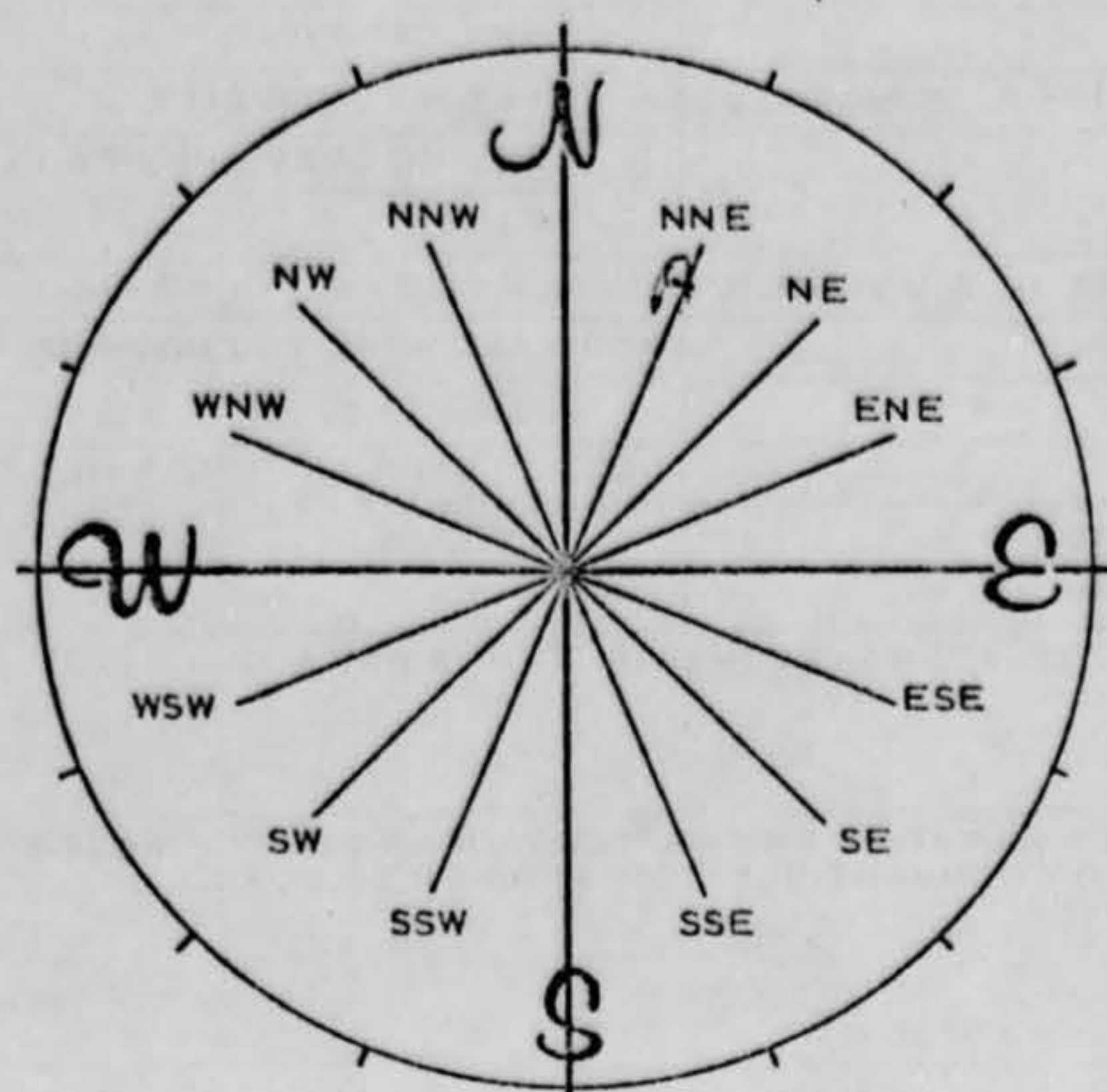
1. DATE - TIME GROUP 24 Sept 68 24/2300L 25/0300Z	2. LOCATION Greenville, New York
3. SOURCE Civilian	10. CONCLUSION Other (CONFLICTING DATA)
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 30 Minutes	11. BRIEF SUMMARY AND ANALYSIS The observer stated that she had sighted an object that had four blinking yellow lights on the bottom and tow view slits near the top.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE See Case	COMMENTS: In her original letter the observer stated that the UFO was "in the south". In her 117 she indicates it was in the NNE. Also she seems to have made no effort to call it to the attention of anyone else despite the fact that she reportedly saw it for 30 minutes.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



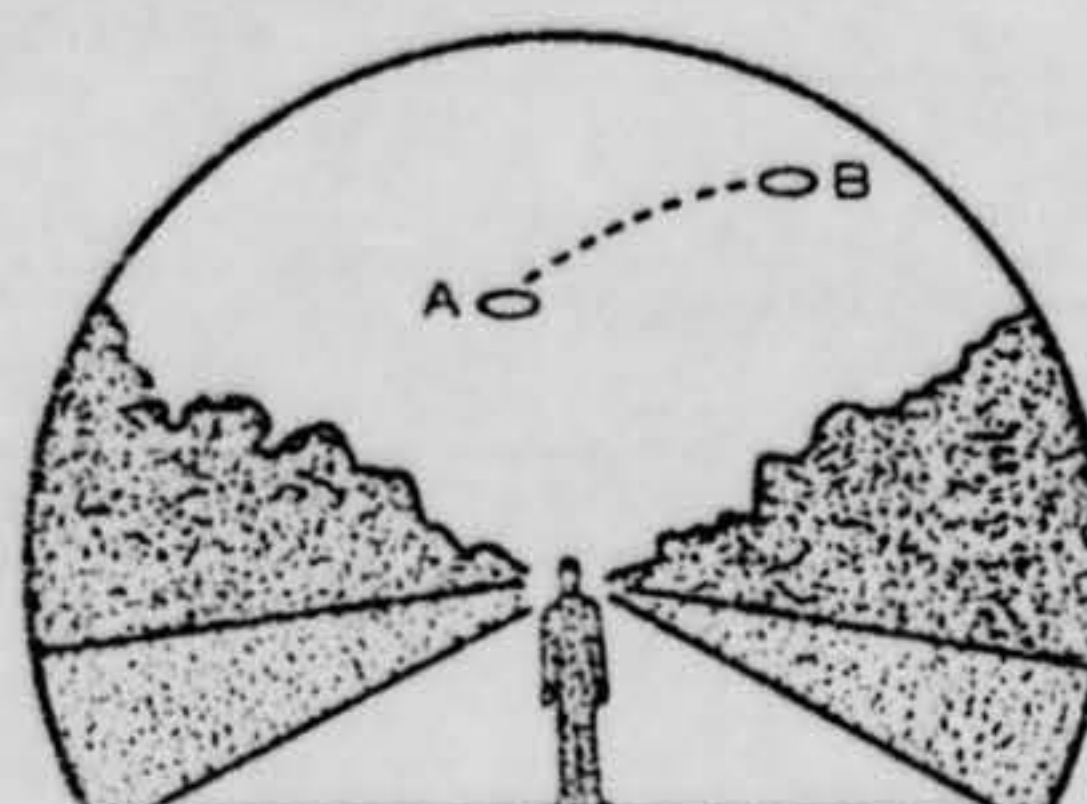
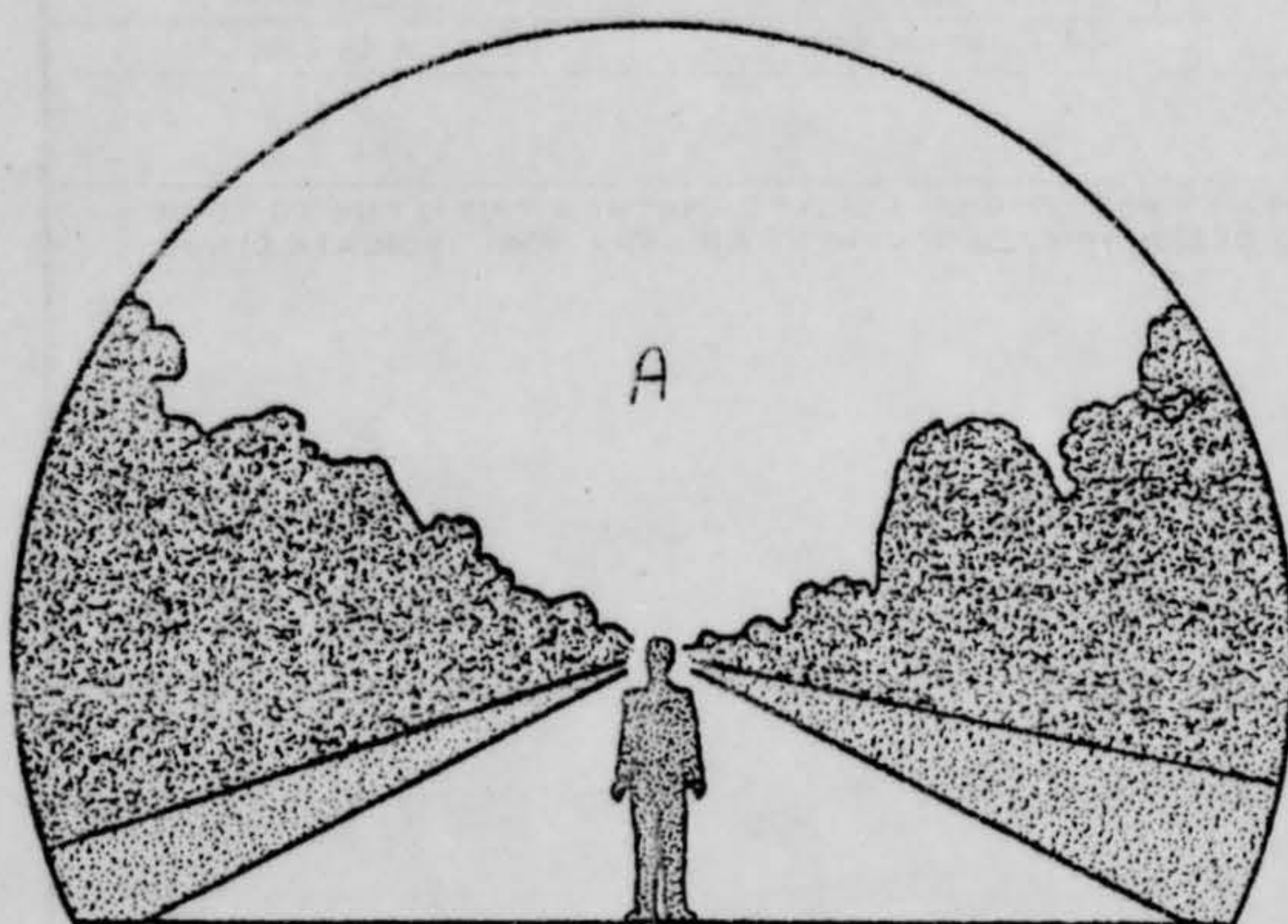
8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING		IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
		<input checked="" type="checkbox"/>	OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<input checked="" type="checkbox"/>	CERTAIN OF TIME	NOT VERY SURE
one half hour		FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? my watch			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO" INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN. AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 24 MONTH Sept YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11:00 MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 30 ☐ A.M. ☒ P.M.

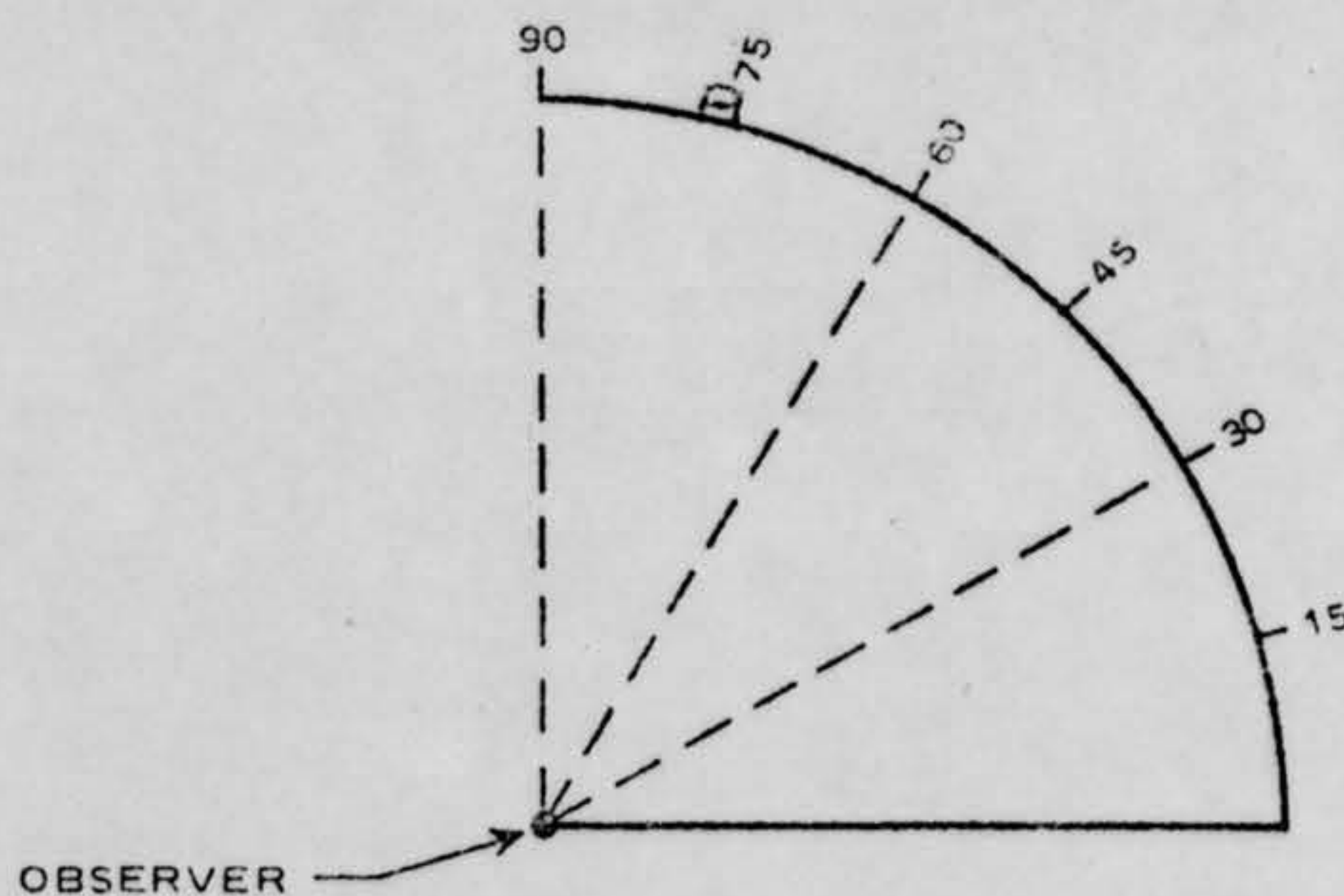
4. TIME/ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*It was near the road King Hill. In front & to the near middle of the field standing.*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





~~Project Blue Book~~

U. S. Air Force

United States of America

One night about 11:00 P.M. I went out with my telescope to study the moon. It was a cloudless sky. I was standing right by our Garage looking at the moon, which was in the south-western part of the sky.

Out of the corner of my eye an object appeared in the south, out of nowhere. I looked to it. Then I nearly dropped.

We have this relay tower about a quarter of a mile from our home. It had been built the summer of 67. About 50 to 100 feet above and to the right of it and a quarter from me was a space ship.

The thing was around the length of a large size jet. Its shape was that of a flat-topped triangle, it was a solid silver. Nothing hazy or fuzzy. It had no glow what so ever. It had four blinking yellow lights on the bottom, I looked at it through my telescope and I saw it had two view slits near the top. I watched




it for at least a half an hour, making the time near 11:30 P.M.

Since I draw, I made a sketch of it, in location in proportion to the tower and to me. I am pretty sure that I am the only one to see it, as the people who live near, are either old or farmers and go to bed early.

It made no sound and I saw no vapor come from it, it was motionless so it seemed to me.

I looked down for a moment and when I looked up again, it was gone.

I have the drawing home with me. It is too large to send through in the mail. If you would care to see it, you may. Thank you.

Sincerely yours,  




24 Sep 68

SAF-OICC/Miss Turnure/76526/October 16, 1968

OCT 16 1968

Dear Miss [REDACTED]

This replies to your recent letter in which you reported that you had seen an unidentified aerial object.

Without additional information, we cannot offer an explanation of what you saw. However, if you will complete the inclosed questionnaire and mail it in the attached envelope, our technical people at Wright-Patterson Air Force Base, Ohio, will be able to investigate further and make an evaluation.

Should you ever sight another such object, please report it as soon as possible to the nearest Air Force base. Each base in the United States has an investigator of unidentified flying objects (UFO's). He is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.

In the meantime, you might be able to identify your sighting by looking at the categories of objects often reported as UFO's in the material we are sending.

Sincerely,

JAMES H. AIKMAN  
Major, USAF  
Chief, Civil Branch  
Community Relations Division  
Office of Information

Attachments

[REDACTED]  
[REDACTED]  
Greenville, New York 12063

✓ Coord Cy - SAF-OICC  
Cmbk Cy - SAF-OIC  
Activity Cy - SAF-OIC  
Reader Cy - SAF-OI  
Stayback

SAF-OICC

Wiley

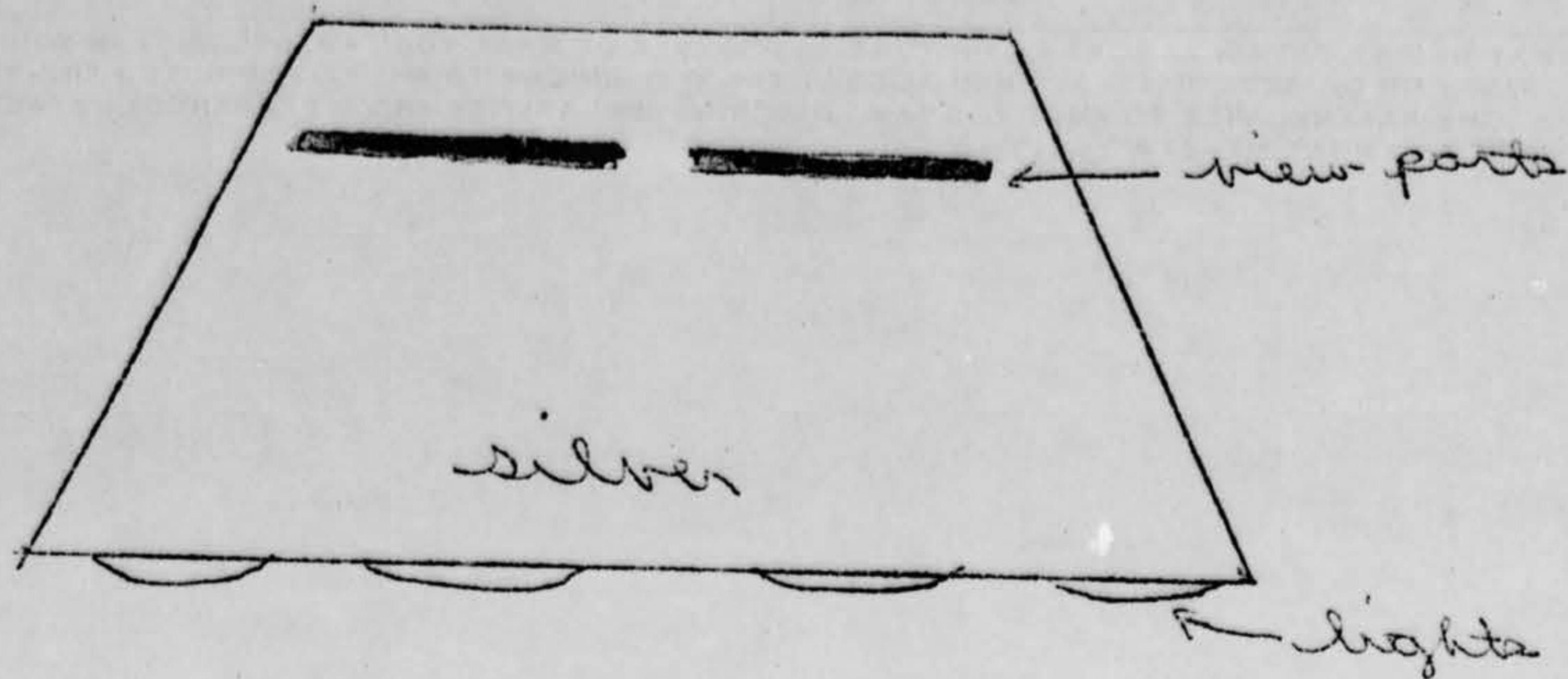
cc: WPAFB



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EYEGLASSES</td></tr> <tr><td>SUNGLASSES</td></tr> <tr><td>WINDSHIELD</td></tr> <tr><td>SIDE WINDOW OF VEHICLE</td></tr> <tr><td>WINDOWPANE</td></tr> </table>	EYEGLASSES	SUNGLASSES	WINDSHIELD	SIDE WINDOW OF VEHICLE	WINDOWPANE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CAMERA VIEWER</td></tr> <tr><td>BINOCULARS</td></tr> <tr><td>TELESCOPE <i>Stellon 10x8-169</i></td></tr> <tr><td>THEODOLITE</td></tr> <tr><td>OTHER</td></tr> </table>	CAMERA VIEWER	BINOCULARS	TELESCOPE <i>Stellon 10x8-169</i>	THEODOLITE	OTHER
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BINOCULARS											
TELESCOPE <i>Stellon 10x8-169</i>											
THEODOLITE											
OTHER											
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>none</i>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>10-20 mi</i>									
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. <i>none</i>											
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD. *Practly none of it*



13.	DID THE PHENOMENON <i>none of these</i>	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?				
STAND STILL AT ANYTIME?				
SUDDENLY SPEED UP AND RUN AWAY?				
BREAK UP IN PARTS AND EXPLODE?				
CHANGE COLOR?				
GIVE OFF SMOKE?				
CHANGE BRIGHTNESS?				
CHANGE SHAPE?				
FLASH OR FLICKER?				
DISAPPEAR AND REAPPEAR?				
SPIN LIKE A TOP?				
MAKE A NOISE?				
FLUTTER OR WOBBLE?				

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON? *It suddenly appeared while I was looking at the moon go down below the horizon.*

A. HOW DID IT FINALLY DISAPPEAR? *as suddenly as it had come.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input checked="" type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was light, it reflected no light, was not self-luminous. Silver. It was solid. The edges were sharp. It was like a triangle with the top cut off. It was much bigger than anything else in the sky.